

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

ARI TEMAN,

Plaintiff,

-against-

UNITED STATES PROBATION SERVICE;
RISELDA RUIZ; JOHN CARLES; JACOB
GUTWILLIG; DEPARTMENT OF JUSTICE
ADMINISTRATIVE OFFICE OF THE U.S.
COURTS; HARMEET DHILLON;
DEPARTMENT OF JUSTICE CIVIL RIGHTS
DIVISION,

Defendants.

25-CV-4699 (PAE)

ORDER DIRECTING PAYMENT OF FEE
OR IFP APPLICATION

PAUL A. ENGELMAYER, United States District Judge:

Plaintiff Ari Teman, proceeding *pro se*, styles this matter as a civil rights action under 42 U.S.C. § 1983 and *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), against federal officials and agencies. He seeks, among other things, an order directing the United States Probation Department (the “Department”) to recommend that his ongoing term of supervised release be remotely (or not at all) supervised and that he be permitted to reside in Israel during the balance of his term of supervised release. Dkt. 1 at 9. This case

has been assigned to this Court as related to *United States v. Teman*, 19 Cr. 696 (PAE), the criminal case from which Teman's supervised release term arises.¹

To proceed with a civil action in this court, a plaintiff must either pay \$405.00 in fees—a \$350.00 filing fee plus a \$55.00 administrative fee—or request authorization to proceed *in forma pauperis* (IFP), that is, without prepayment of fees, by submitting a signed IFP application. See 28 U.S.C. §§ 1914, 1915.

Teman submitted the Complaint without the filing fees or an IFP application. Within 30 days of the date of this order, Teman must either pay the \$405.00 in fees or submit the attached IFP application. Payment of the fees should be mailed to the following address: United States District Court for the Southern District of New York, Cashiers-Room 260, 500 Pearl Street, New York, NY 10007. Payment of the fees by mail must (1) be made by money order or certified check; (2) be made payable to: Clerk, USDC, SDNY; and (3) include the docket number listed above. Personal checks are not accepted. Payment of the fees also can be made in person at the courthouse by credit card, money order, certified check, or cash. If Teman submits the IFP application, it should be labeled with docket number 25-CV-4699 (PAE).

No summons shall issue at this time. If Teman complies with this order, the Court will determine whether this action, which in part challenges the execution of his sentence, is properly

¹ In orders in the criminal case, this Court set a June 1, 2025 deadline for Teman to return to the United States. See 19 Cr. 696, Dkts. 531, 536, 541, 549, 556. On Teman's *pro se* appeals, the Second Circuit declined to stay those orders and dismissed Teman's appeals of those orders and of the denial of his recusal motions, as frivolous. See *United States v. Teman*, No. 25-452-cr (2d Cir. June 3, 2025), Dkt. 38.1 (quoting *Neitzke v. Williams*, 490 U.S. 319, 325 (1989)). On June 12, 2025, the Department issued a report alleging violations of supervised release by Teman. The Court has scheduled a hearing for July 7, 2025, at which Teman is to be arraigned on the violation specifications. See 19 Cr. 696, Dkt. 560. For avoidance of doubt, Teman's filing of this civil action does not alter any deadlines or disturb any of Teman's obligations in the criminal case.

brought as a civil rights action. If Teman fails to comply with this order within the time allowed, the action will be dismissed without prejudice.

Teman has not consented to electronic service or provided a mailing address, which it is his obligation to do. *See* 24-MISC-127 Standing Order filed March 18, 2024. This order is available on the electronic docket.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444–45 (1962) (holding that appellant demonstrates good faith when seeking review of a nonfrivolous issue).

SO ORDERED.



PAUL A. ENGELMAYER
United States District Judge

Dated: June 18, 2025
New York, New York

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

(Full name(s) of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

CV _____ () ()

(Enter case number and initials of assigned judges, if available; if filing this with your complaint, you will not yet have a case number or assigned judges.)

(Full name(s) of the defendant(s)/respondent(s).)

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* ("IFP") (without prepaying fees or costs), I declare that the responses below are true:

1. *Are you incarcerated?* ☐ Yes ☐ No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: _____

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. *Are you presently employed?* ☐ Yes ☐ No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: _____

If "no," what was your last date of employment? _____

Gross monthly wages at the time: _____

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment

☐ Yes

☐ No

(b) Rent payments, interest, or dividends

☐ Yes

☐ No

- | | | |
|---|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated

Signature

Name (Last, First, MI)

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)